

## SURGICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL SURGERY.

23. *Pathology and Treatment of the Deafness attendant upon Old Age.*—Mr. JOSEPH TOYNBEE, in a very important paper contributed to the *Monthly Journal of Med. Science* (Feb. 1849), contends that the conclusion to which most medical men have arrived, that senile deafness depends upon a gradual and natural decay of the powers of the organ of hearing, is not well founded. He states, that “the results of his experience tend to show, that this decline of the power of hearing, in old age, is dependent upon the influences to which aged persons are frequently subjected; namely, the prolonged stay in warm and close rooms, the avoidance of the open air, the cessation from bodily exertion, the want of attention to diet, and to the healthy performance of the functions of the skin; and that it does not depend upon the decline of nervous power, or upon an atrophy of the tissues which compose the organ of hearing. On the contrary, an extensive field of *post-mortem* investigation has demonstrated, that the *most frequent* pathological condition found in cases of senile deafness, is a considerable increase in the substance of the mucous membrane lining the tympanic cavities; and that the evidences of atrophy of the tissues are very rare. The pathological condition *second* in frequency in these cases, is a thickening of the *membrana tympani*; and the *third* consists in the presence of bands of adhesions, which connect together various parts contained in the tympanic cavity and these contents to the walls of the tympanum. The examination, during life, of elderly patients suffering from deafness, quite agrees with the results of the pathological researches. Thus, while the external surface of the *membrana tympani* remains smooth and shining, its substance is seen to be whiter than natural; upon attempting a forcible expiration with closed nostrils, air is heard by the otoscope\* to enter the tympanic cavity, but it produces an unnatural sound; the hearing is generally worse during an attack of cold, and in dull weather.”

Mr. Toynbee relates five cases, with dissections, illustrative of these views.

24. *Traumatic Pleuro-pneumonia.*—Traumatic lesions of the lungs are far from being invariably fatal. Thus we frequently meet with very serious cases, accompanied by circumstances against which it would, at first sight, seem difficult for the patient to struggle, which are ultimately cured without leaving any trace.

One of the *gardes mobiles*, a man about thirty years of age, was wounded in the chest by a ball which lodged in the lungs. A few days after his entrance into the hospital, he expectorated purulent mucus, mixed with blood; there was fever, accompanied by all the symptoms of inflammation of the parenchyma of the lungs. At this time, the patient was on nearly full diet, but had no wine allowed him. M. MALGAIGNE having made inquiries regarding the circumstances from which this attack arose, discovered that, one or two evenings before the expectoration came on, the man had drunk a bottle of wine which had been conveyed to him by his friends. An abscess soon appeared at the portion of the lungs where the ball had lodged, and broke into the bronchi, after which the patient expectorated pure pus.

The condition of the patient became so serious that M. Malgaigne, on one occasion, thought his case utterly hopeless. He was in a state of the most complete prostration. The pus had forced for itself a passage into the pleura, where a purulent effusion was formed, which escaped both by expectoration and through the wound in the chest. Notwithstanding the serious nature of these circumstances, the patient recovered, and was dismissed from the hospital when in a very satisfactory state; although not kept till his complete recovery, owing to the discovery that, in addition to the wine allowed by the hospital

\* An elastic tube, twenty inches in length, each extremity having fixed upon it a piece of ivory or ebony: one orifice is introduced into the ear of the surgeon, and the other into that of the patient, while the latter attempts to make a forcible expiration with closed mouth and nostrils.

regulations, the patient, notwithstanding M. Malgaigne's injunctions to the contrary, continued to drink wine surreptitiously conveyed to him from without.

In reference to this case, M. Malgaigne took occasion to point out that it was one of those cases which show the admirable results that may be expected from a sound constitution, and keeping the patient on a good diet. For how can the system bear up against the debility which necessarily results from continual suppuration, if the diet be low? Attention is often so exclusively directed towards the organic condition of the organs, that the vital condition is too often lost sight of, although it is equally worthy of observation. It is generally supposed that where there is inflammation of the lungs the patient must be kept low, but M. Malgaigne observes, here, that we should look to the state of the stomach, which is to be discovered, not by percussion or palpation, but by the manner in which that organ performs its functions. If it performs its functions in a perfectly normal manner, M. Malgaigne is of opinion that the patient will invariably be benefited by a good diet, however serious the wounds may appear to be.

However much we may agree with the opinions of M. Malgaigne, on the subject of the diet to be given to the wounded, it must not be forgotten that, generally speaking, traumatic inflammations of the lungs are less severe, and less often fatal, than idiopathic inflammations, a circumstance that may not have been wholly devoid of influence here.—*Monthly Retrospect*, April 1849, from *Gazette des Hôpitaux*, 1848.

25. *On the Utility and Necessity of performing Paracentesis Thoracis in certain cases of Pneumothorax.* By HAMILTON ROE, M. D. (*Proceedings of Royal Med. and Chirurg. Soc.*, April 10, 1849).—The object of this paper is to show that pneumothorax is not a necessarily fatal disease, and that paracentesis is the best remedy which can be employed for its cure. The author adverts to the fact, that the disease arises from a great variety of causes, and that not unfrequently there is either no alteration of structure in the lungs, or so little as to warrant us in supposing that it might be cured. He relates two fatal cases that have come under his own observation, in which paracentesis was recommended by him, but not performed, and in which, after death, it was found that there was in one instance no perforation of the lung, and no disease of the lung whatever; while in the other the opening in the pleura was very small, and although four small caverns and a small number of tubercles of inconsiderable size existed in it, there was no organic disease immediately fatal, and life might have been at least prolonged, had the lung been relieved from the pressure of the air in the pleura by the operation of paracentesis. The author then refers to several other writers, who have narrated similar cases, and especially to the thesis of M. Saussier, who has shown that the possible causes of pneumothorax are seventeen. The author himself arranges the varieties of cases under four heads: 1. Those where the air is secreted by the pleura; 2, those where it arises from decomposition of fluid; 3, the cases where it escapes from a distended or ruptured emphysematous cell; and 4, those where it issues from a fissure in the lung. The first three varieties are susceptible of cure, and the fourth is not necessarily fatal. After describing the symptoms distinguishing these different varieties of the disease, the author proceeds to show that the mere presence of air in the pleura is not a source of danger; that the air may in some cases be absorbed; and that it is, therefore, only where air is accumulated in such quantity as to cause great difficulty of breathing, that we are called on to remove it by tapping the chest. The operation, in order to be successful, ought to be performed before the lung, by compression, has become carnified, and the other lung congested. The objection, that the air admitted from without will itself compress the lung, the author meets by saying, "that if the wound made by the canula in tapping be kept open, the lung, if healthy, will expand on being relieved from pressure, and may, if the air can escape as fast as it enters, not only come into contact with the costal pleura, but contract adhesions to it, and obliterate the pleural cavity." In support of this statement, he gives the particulars of a case observed and related by Mr. Benjamin Phillips, in which, by sloughing of the soft parts, the cavity of the pleura was